

Name
in
Full

Annie Briddell

CERTIFICATE OF DEATH

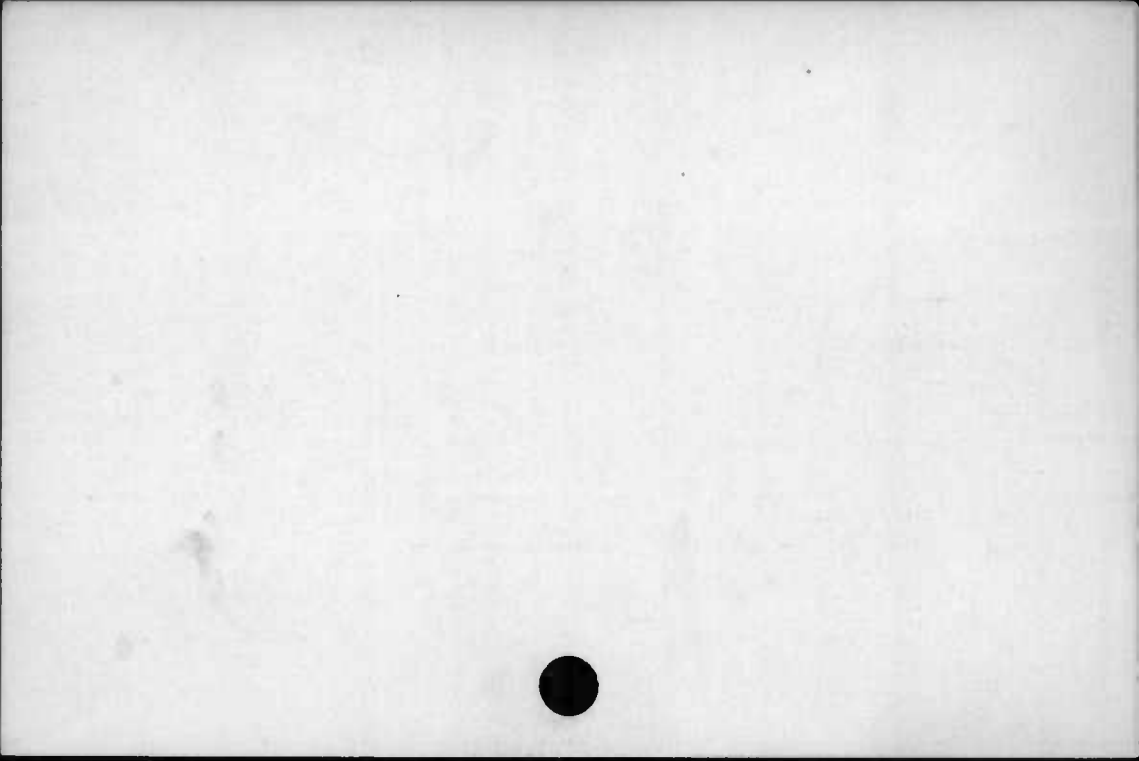
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Leominster</u> ^{Town}		County <u>Worcester</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>June</u>	Day <u>14</u>	Age <u>35</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Maryland</u>		
Occupation			Where Residing if not at place of death		
Married, Single <u>Single</u> or Widowed		Name of Wife or Husband <u>Will Briddell</u>			
Father's Name <u>Leaphen Spence</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving Information <u>William Scott</u>		How related to deceased <u>—</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart trouble</u>	How long <u>9 months</u>
Immediate <u>Uremia</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Chas. Briddell</u>
	Address <u>Berlin Md</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1906 June 23

Age 30

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

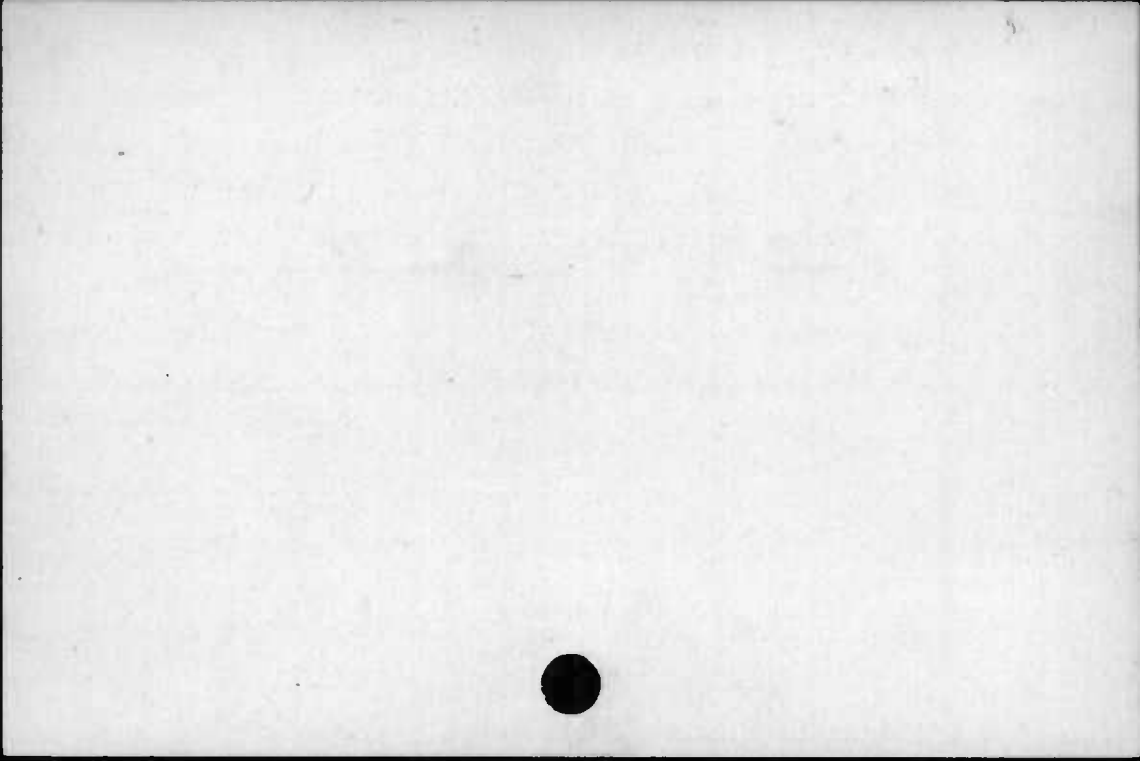
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snow Hill</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>28</i>	Age <i>—</i>	Years <i>—</i>	Months <i>Seven</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Snow Hill</i>				
Occupation			Where Residing if not at place of death <i>Snow Hill Md</i>				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Walter Dandy</i>			Father's Birthplace <i>Snow Hill Md</i>				
Mother's Maiden Name <i>Annedia Dandy</i>			Mother's Birthplace <i>Snow Hill Md</i>				
Name of person giving information <i>Annedia Dandy</i>			How related to deceased <i>mother</i>				

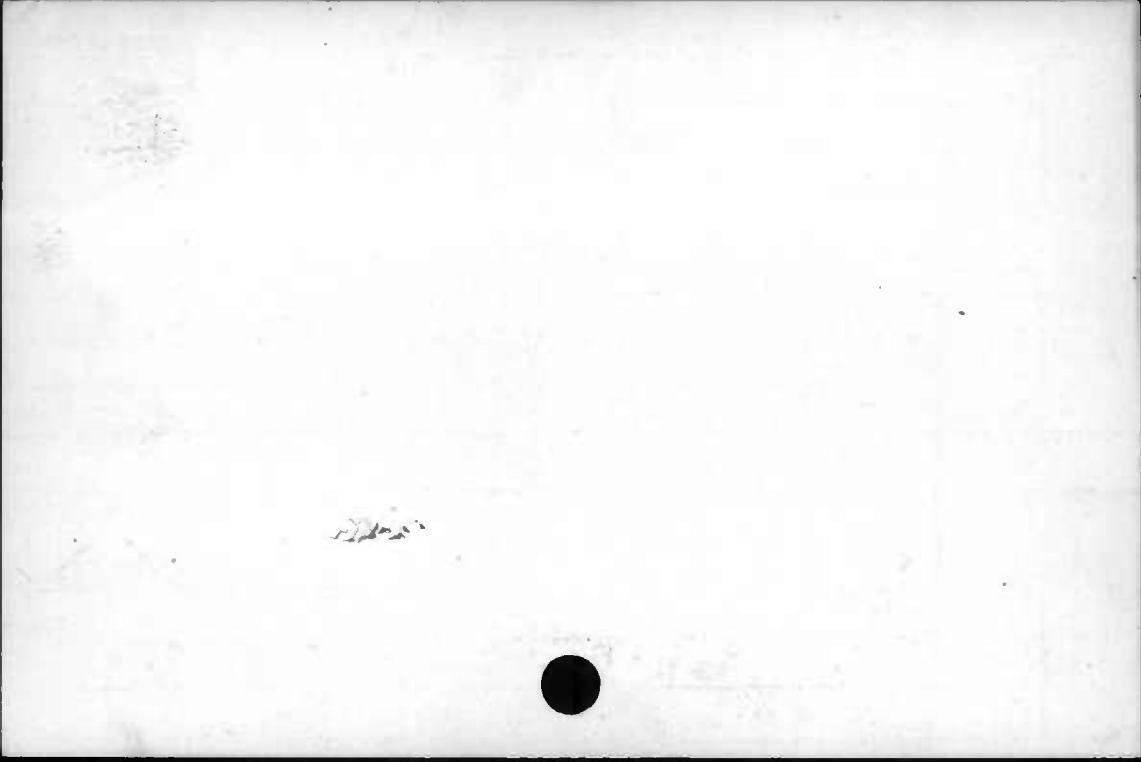
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cold</i>	How long <i>Two weeks</i>
Immediate	How long <i>Six Day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. Dockett</i>
	Address <i>—</i>
Accident or Suicide? <i>A</i>	<i>✓</i>



Name in Full		Infant of Dean & Minnie Fassett.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Berlin		County Horsecaston		MARYLAND
	Date of death		June 23 1906	Month June	Day 24	Age 2 hours.	Months Days
	Sex Male		Color or Race Colored		Birth-place Berlin		
	Occupation		Where Residing If not at place of death				
	Married, Single or Widowed Married		Name of Wife or Husband Mr & Mrs Dean Fassett				
	Father's Name Dean Fassett		Father's Birthplace Berlin				
	Mother's Maiden Name Minnie Fassett		Mother's Birthplace Berlin				
Name of person giving information		How related to deceased					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		(151)		How long		
	Immediate Miscarriage				How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature Physician		M. M. Gregg.		
			Address		Berlin		
Accident or Suicide?							



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Stockton ^{Town} Monroeville ^{County} MARYLAND

Date of death 1906 ^{Month} 6 ^{Day} 30 ^{Years} Age Still Born ^{Months} 0 ^{Days} 0

Sex Female Color or Race White Birth-place new

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

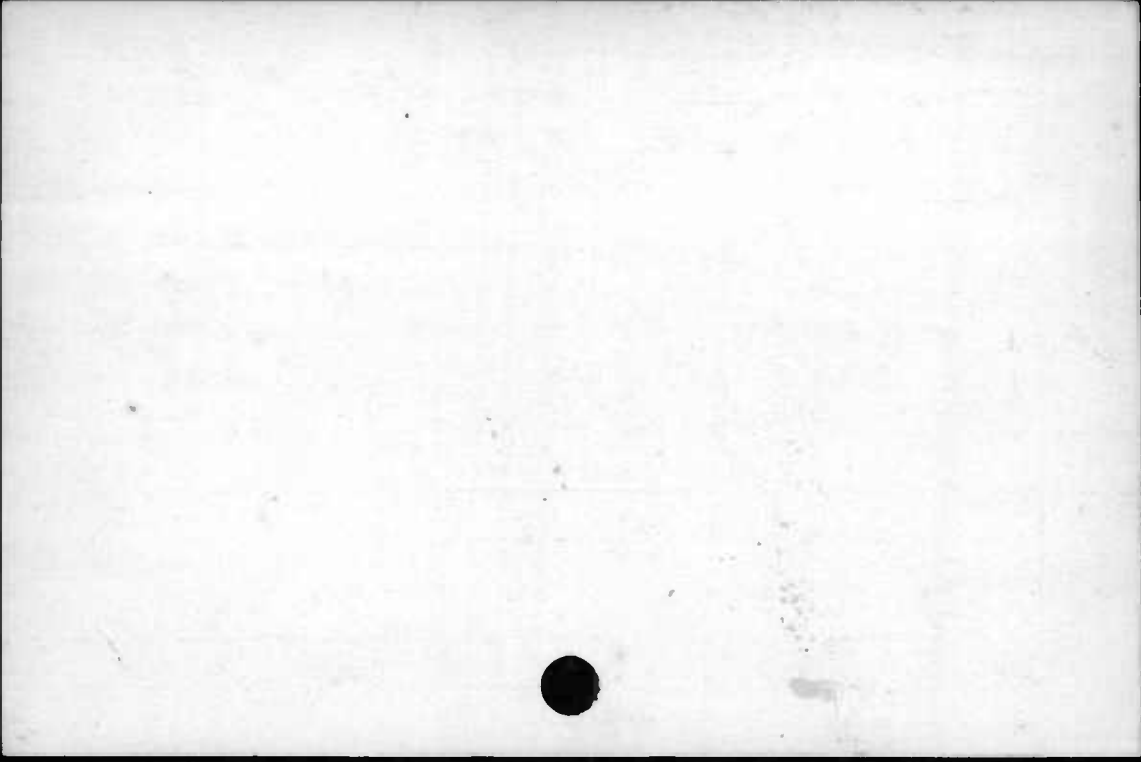
TO BE ANSWERED BY
NEAREST FRIEND

Name Sarah a. Godfrey		Town Snow Hill		County Worcester		MARYLAND	
Died at		Month June		Day 27		Years 1906	
Date of death		Months 4		Days 12			
Sex female		Color or Race white		Birth-place Snow Hill			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name C. J. Godfrey		Father's Birthplace Md					
Mother's Maiden Name Alice Holway		Mother's Birthplace Md.					
Name of person giving information C. J. Godfrey		How related to deceased father					

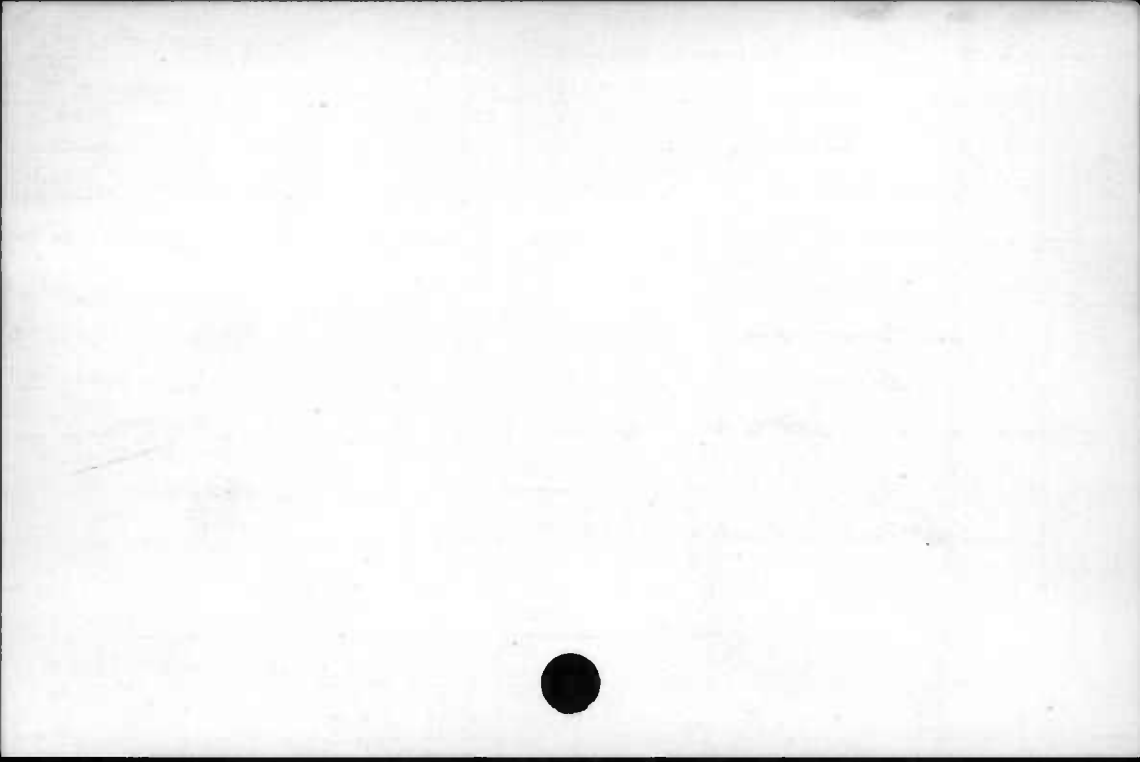
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diarrhoea	How long	3 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Paul Jones	
		Address Snow Hill Md.	
Accident or Suicide?			



Name in Full		Laverian Green 23/1/I				CÉRTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Lynepusant - can-cesto						
	Date of death		Month	Day	Years	Months	Days
	1904 Jun 31				Age 49		
	Sex		Color or Race		Birth-place		
	Female		Black		Maryland		
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Laverian Johnson				Father's Birthplace	
Mother's Maiden Name		Melkey Johnson				Mother's Birthplace	
Name of person giving information		May E Davis				How related to deceased	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Unknown				How long
	Immediate						How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		G. J. Davis M.D.		
	No Serial attendance		Address		Berkeley Md		
	Accident or Suicide?		G. J. Davis				



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pocomoke City</i>		Town <i>Pocomoke City</i>		County <i>Morris</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>June</i>		Day <i>21</i>		Age <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Caucasian</i>		Birthplace <i>Morris</i>		Months <i>—</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>Pocomoke City</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Morris</i>		Mother's Birthplace <i>" "</i>	
Father's Name <i>Raymond S. Searcy</i>		Mother's Maiden Name <i>Elmer Ward</i>		Name of person giving information <i>Sabra Bailey</i>		How related to deceased <i>None</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<i>Yes</i>		Address
Accident or Suicide?		



Name
in
Full

Melven Harmon

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date

of death

1906 June

Month

Day

17

Age

Years

Months

Days

two weeks

Sex

Male

Color or
Race

Colored

Birth-
place

Snow Hill Md

Occupation

Where Residing if not
at place of death

Snow Hill Md

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Isaac Harmon

Father's
Birthplace

Snow Hill Md

Mother's
Maiden Name

Edith Harmon

Mother's
Birthplace

Snow Hill Md

Name of person giving
Information

Edith Harmon

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Bad bowels and
mouth

How long

one week

Immediate

How long

Three Days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

No physician

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Edward Irving				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Snow Hill		County Worcester		MARYLAND			
	Date of death		1906	Month June	Day 10	Age 76	Years		Months	Days
	Sex		Male		Color or Race		Colored		Birth-place Forks, Iowa	
	Occupation				Where Residing if not at place of death		Snow Hill, Md			
	Married, Single or Widowed		Married		Name of Wife or Husband		Charlotte Irving			
	Father's Name		Sandie Irving				Father's Birthplace		Maryland	
	Mother's Maiden Name		Maria Irving				Mother's Birthplace		Maryland	
	Name of person giving information		Mary M. Ward				How related to deceased		Daughter	
	CAUSES OF DEATH									
	PHYSICIAN OR CORQNER	Primary		Apoplexy				How long		Twelve months
Immediate		Heart Failure				How long		Ten Days		
Are the name, age, sex, color, date and place correctly given above?		Yes.				Signature of Physician		(John H. Giddell)		
						Address		Snow Hill		
Accident or Suicide?		No						Maryland		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Minanda C. Parsons</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		State MARYLAND	
Died at <i>Snow Hill</i>		Month <i>June</i>		Day <i>13</i>		Years <i>81</i>	
Date of death <i>1906</i>		Month <i>June</i>		Day <i>13</i>		Age <i>81</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Mid</i>		Months <i>9</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Snow Hill</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elijah Parsons</i>					
Father's Name _____						Father's Birthplace _____	
Mother's Maiden Name _____						Mother's Birthplace _____	
Name of person giving Information <i>E. J. Davis Wilson</i>						How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>About two weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Paul Jones</i>
	Address <i>Snow Hill Md</i>
Accident or Suicide? _____	



Name
in
Full

Peter Parsons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{town} <i>Worcester</i>		County <i>Worcester</i>		State <i>MARYLAND</i>	
Date of death	1906	Month <i>June</i>	Day <i>29</i>	Age <i>62</i>	Years <i>62</i>
Sex <i>Male</i>	Color or Race <i>Negro</i>	Birth-place <i>Somerset County</i>			
Occupation <i>Farm laborer</i>	Where Residing if not at place of death <i>Somerset County</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Elizabeth Cropper</i>				
Father's Name <i>George Pullitt</i>	Father's Birthplace <i>Somerset County</i>				
Mother's Maiden Name <i>Leah Costen</i>	Mother's Birthplace <i>Somerset County</i>				
Name of person giving information <i>Sitteton Pullitt</i>	How related to deceased <i>Cousin</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>three weeks</i>
Immediate <i>Exhaustion, ascites</i>	How long <i>four months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. S. Linn</i>
	Address <i>Worcester, Maryland</i>
Accident or Suicide?	



Name
in
Full

Annie Purnell

CERTIFICATE OF DEATH

Died at Berlin TownWinchester County

MARYLAND

Date of death 1906 Month June Day 5 Age 40 Years Months — Days —Sex Female Color or Race Black Birth-place MarylandOccupation Amusekaper Where Residing if not at place of deathMarried, Single or Widowed —

Name of Wife or Husband

John PurnellFather's Name Richard SmithFather's Birthplace MarylandMother's Maiden Name —Mother's Birthplace UnknownName of person giving information John PurnellHow related to deceased Husband

CAUSES OF DEATH

179

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

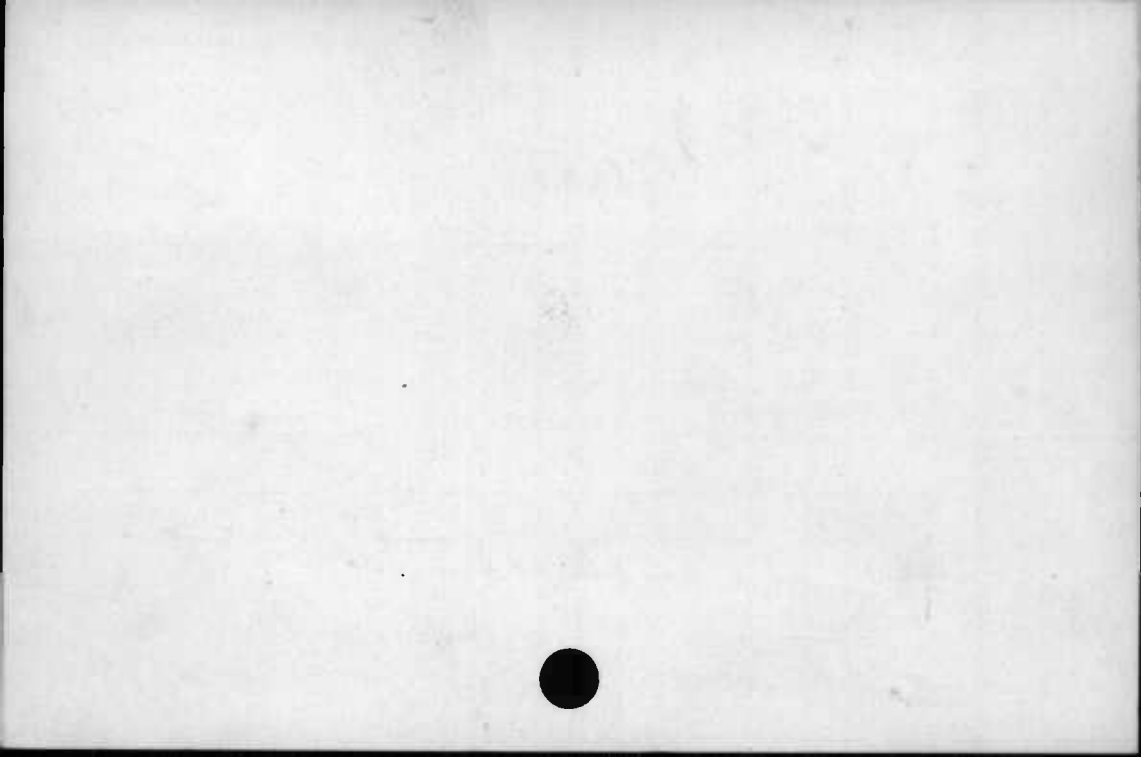
Signature of Physician

Address

Dr. J. J. Evans Winchester

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Halter Purnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		June	24			Three	
Sex		Color or Race		Birthplace			
Male		Colored		Snow Hill Md			
Occupation				Where Residing if not at place of death			
				Snow Hill Md			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Rossie Cunningham				Father's Birthplace	
						Snow Hill Md	
Mother's Maiden Name		Olie Purnell				Mother's Birthplace	
Name of person giving information		Annie Purnell				How related to deceased	
						Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diarrhoea	How long	Three weeks
Immediate		How long	Three days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. M. Delotte	
		Address	
		Snow Hill Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Edward Rayfield Redden

Town

County

MARYLAND

Died at

Stockett

Worcester

Date

Month

Day

Age

Years

Months

Days

of death 1906 June

24

28

7

28

Sex

Male

Color or
Race

Colored

Birth-
place

Stockett

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Geo C Redden

Father's
Birthplace

Md

Mother's
Maiden Name

Laura M Redden

Mother's
Birthplace

Md

Name of person giving
Information

Geo C Redden

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cholera-Infantum

How long

2 Weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. D. Dickerson
Stockett Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Priscilla Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Snow Hill</u>		County <u>Worcester</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>June</u>	Day <u>13-</u>	Age <u>64</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>Housekeeper</u>	Where Residing if not at place of death <u>Snow Hill</u>				
Married, Single <u>Widowed</u>	Name of Wife or Husband <u>Single</u>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>Julia Purcell</u>			How related to deceased <u>Mom</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Paralysis</u>	How long	<u>2 weeks</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Paul Jones</u>	
		Address <u>Snow Hill Ind</u>	
Accident or Suicide?			



Name
in
Full

Kellie Ruark

CERTIFICATE OF DEATH

MARYLAND

Died at Nassawaddux

County Worcester

Date of death 1906

Month June

Day 22

Age 19

Years

Months

Days

Sex Female

Color or Race White

Birthplace Nassawaddux

Occupation Domestic

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife or Husband

Nathaniel Ruark

Father's Name Charles Carmine

Father's Birthplace Worcester Co

Mother's Maiden Name Laura Butler

Mother's Birthplace " "

Name of person giving information David Hancock

How related to deceased Self Father

CAUSES OF DEATH

Primary

Phthisis Pulmonum

How long

8 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

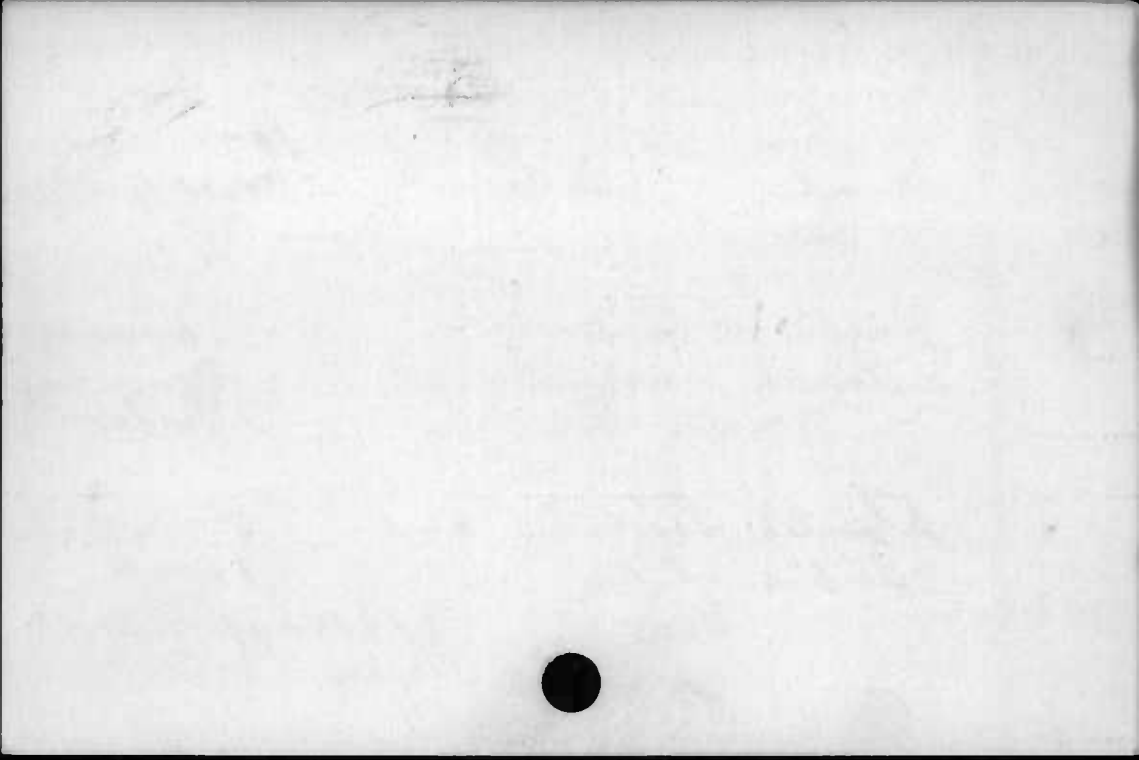
Signature of Physician

Address

Samuel S. Quinn
Providence City
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

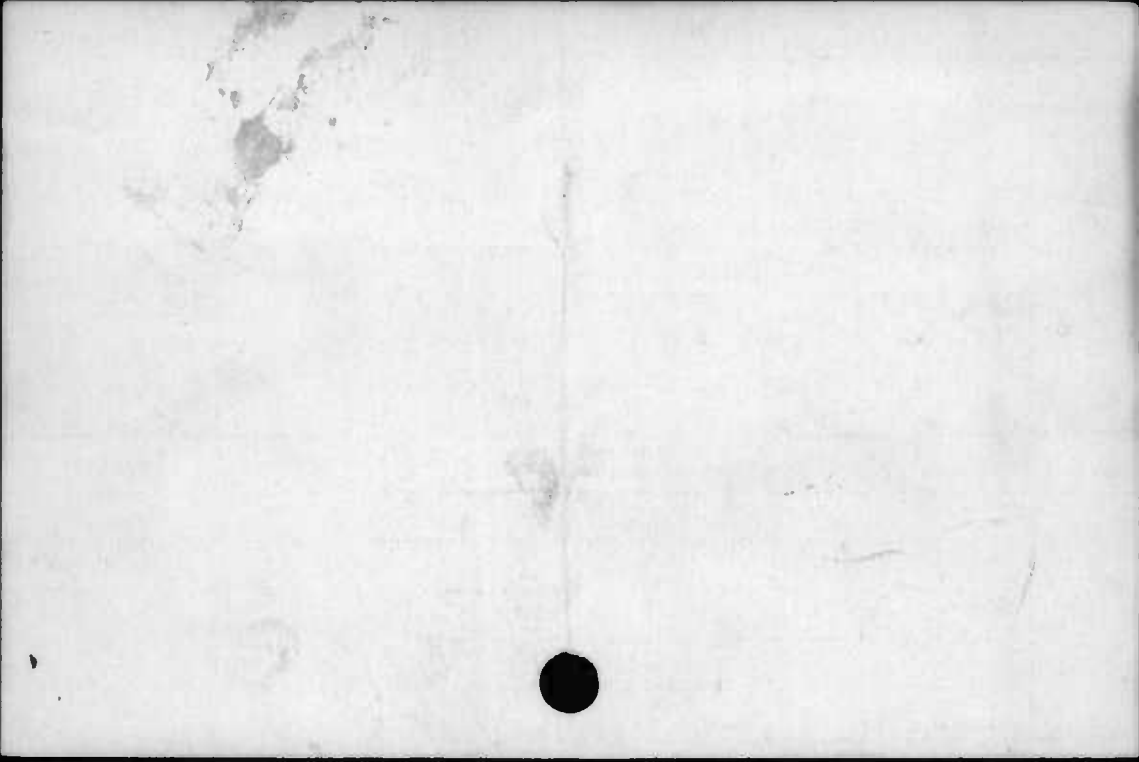
Name in Full <i>Clara Frances Schaper</i>		Town <i>Ocean City</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Ocean City</i>		Month <i>June</i>		Day <i>30</i>		Age <i>11</i>	
Date of death <i>1906</i>		Month <i>June</i>		Day <i>30</i>		Years <i>11</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ocean City - Md.</i>			
Occupation				Where Residing if not at place of death <i>Ocean City - Md.</i>			
Married, Single or Widowed <i>Widowed</i>				Name of Wife or Husband			
Father's Name <i>Joseph Schaper</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Annie M. K. Ruee</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Joseph Schaper</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

(49)

PHYSICIAN
OR CORONER

Primary	<i>Infantile Scorbatus and</i>	How long	<i>5 or 6 weeks</i>
Immediate	<i>Enteric Colitis</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. B. Baggett M.D.</i>	
		Address <i>Ocean City, Md.</i>	
Accident or Suicide?			



Name
in
Full

Sarah E. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Heane Berlin</u> ^{Town}		<u>Winchester</u> ^{County}		MARYLAND	
Date of death	1906	Month	June	Day	19
		Years	33	Months	
Sex	Female	Color or Race	Black	Birth-place	Maryland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <u>Elyia Smith</u>				
Father's Name	<u>Henry Buttingham</u>			Father's Birthplace	<u>Maryland</u>
Mother's Maiden Name	<u>Thester-Powell</u>			Mother's Birthplace	<u>Maryland</u>
Name of person giving information	<u>Henry Buttingham</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>La Grippe</u>	How long	<u>2 months</u>
Immediate	<u>Tuberculosis</u>	How long	<u>3 months</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>R. P. Collins</u>		
<u>Le J Evans</u>	Address		
Accident or Suicide?	<u>undertaken only</u>		

Mr R. P. Collins

Name
in
Full

Francis Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stockton</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i>	Month <i>6</i>	Day <i>28</i>	Age <i>57</i>	Years <i>9</i> Months <i>18</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Merchant</i>			Where Residing if not at place of death <i>Stockton Ind</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary A Taylor</i> <i>Wife</i>				
Father's Name <i>Barnabus Taylor</i>	Father's Birthplace <i>Ind</i>			Mother's Birthplace <i>"</i>	
Mother's Maiden Name <i>Mollie Jones</i>	Name of person giving information <i>John Burbock</i>			How related to deceased <i>Brother in law</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Muritis</i>	How long <i>7 yrs.</i>
Immediate <i>Dysentery</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. D. Dickerson</i>
<i>Yes</i>	Address <i>Stockton Ind</i>
Accident or Suicide?	<i>Worcester Co</i>

